

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Facility's Name: Island Living II	CHAPTER 100.1
Address: 92-1238 Umena Street, Kapolei, Hawaii 96707	Inspection Date: April 17, 2019 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA